

their hospital discharge at much higher rates than fee-for-service recipients (see Graph 8.5).

### ***Substance Abuse Among Adult Medicaid Recipients***

Substance abuse, defined as the inappropriate use of drugs and alcohol, is a problem in Wisconsin and the U.S. As with mental health, estimating prevalence rates is a challenge. Those estimates often depend upon self-reports and descriptions of patterns of alcohol and drug use. Many people who abuse or are dependent on drugs deny the problem.

#### ***Prevalence of Alcohol Abuse***

In 1992, the national prevalence of “heavy drinking” among adult Medicaid recipients was 10.3 percent (14.5 percent in the general population). The prevalence of alcohol abuse and/or dependence was 5.2 percent in the Wisconsin Medicaid population (7.4 percent in the general population.<sup>5</sup>)

#### ***Prevalence of Drug Abuse***

Nationally, 2 percent of those adults receiving Medicaid and 3.6 percent of those receiving AFDC were considered drug abusers and/or drug dependent (not including alcoholism).<sup>6</sup> From the same study, the rate of “drug abuse and/or dependence” for the adult population at large was 1.5 percent.<sup>7</sup>

Estimates about the size of the drug abuse problem vary and other surveys report higher percentages. For example, the National Household Survey on Drug Abuse, contends that the “use of illicit drugs” occurs at a higher rate

among AFDC recipients (10.8 percent) than the population overall (6.5 percent).<sup>8</sup>

### ***Substance Abuse Among Adolescents***

Adolescent substance abuse is of particular concern. In 1993, the Wisconsin Department of Public Instruction conducted the Wisconsin Youth Risk Behavior Survey designed to determine levels of risk-taking behaviors among high school students. In that survey, 3 percent of all 9th through 12th graders (approximately 14-18 years old) admitted trying cocaine, and 17 percent admitted trying marijuana.<sup>9</sup> Alcohol use was more prevalent than cocaine and marijuana use and tended to increase with age. Among 9th graders, 20 percent admitted to drinking “five or more drinks in a row” in the past 30 days.<sup>10</sup> By 12th grade, that proportion rose to 39 percent.<sup>11</sup>

### ***Utilization of Outpatient Treatment for Substance Abuse Among Medicaid HMO Enrollees***

The percentage of adult Medicaid HMO enrollees receiving “Substance Abuse Day Treatment and/or Outpatient Services” per recipient/eligible-year varied considerably among HMOs and fee-for-service and by age group. In general, rates were lower in HMOs serving Southeast Wisconsin with the exception of one HMO serving Milwaukee and Waukesha county recipients, and lower for the 15-20 age group (see Graphs 8.6 and 8.7).

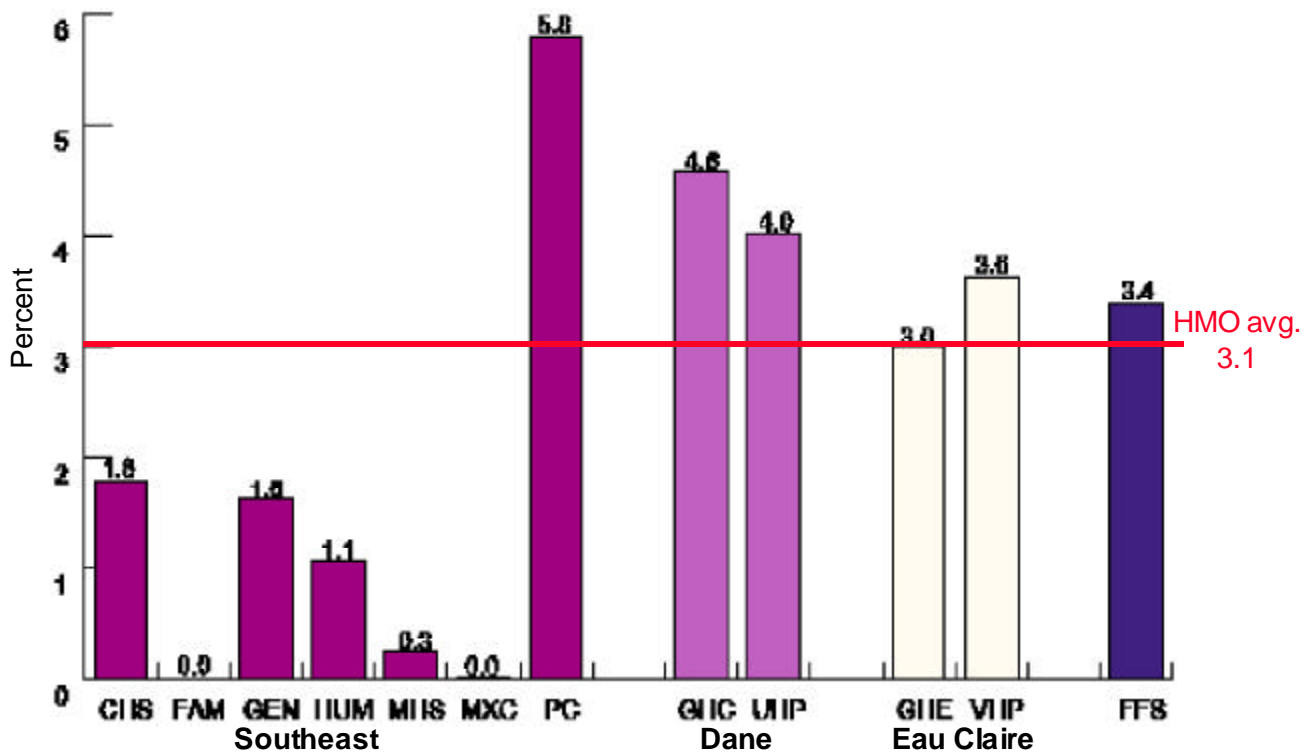
The percentage of HMO members and fee-for-service recipients ages 15-20 receiving “substance abuse day and/or outpatient treatment” varied. In most instances, treatment rates among HMOs serving the Kenosha, Milwaukee, and Waukesha counties were lower than Dane and Eau Claire counties and fee-for-service (see Graph 8.7).

### ***Inpatient Treatment for Substance Abuse***

Many substance abuse hospitalizations may be avoided with early identification and appropriate outpatient management of a substance abuse. Except for in Eau Claire County, Medical HMO enrollees were hospitalized substantially less often

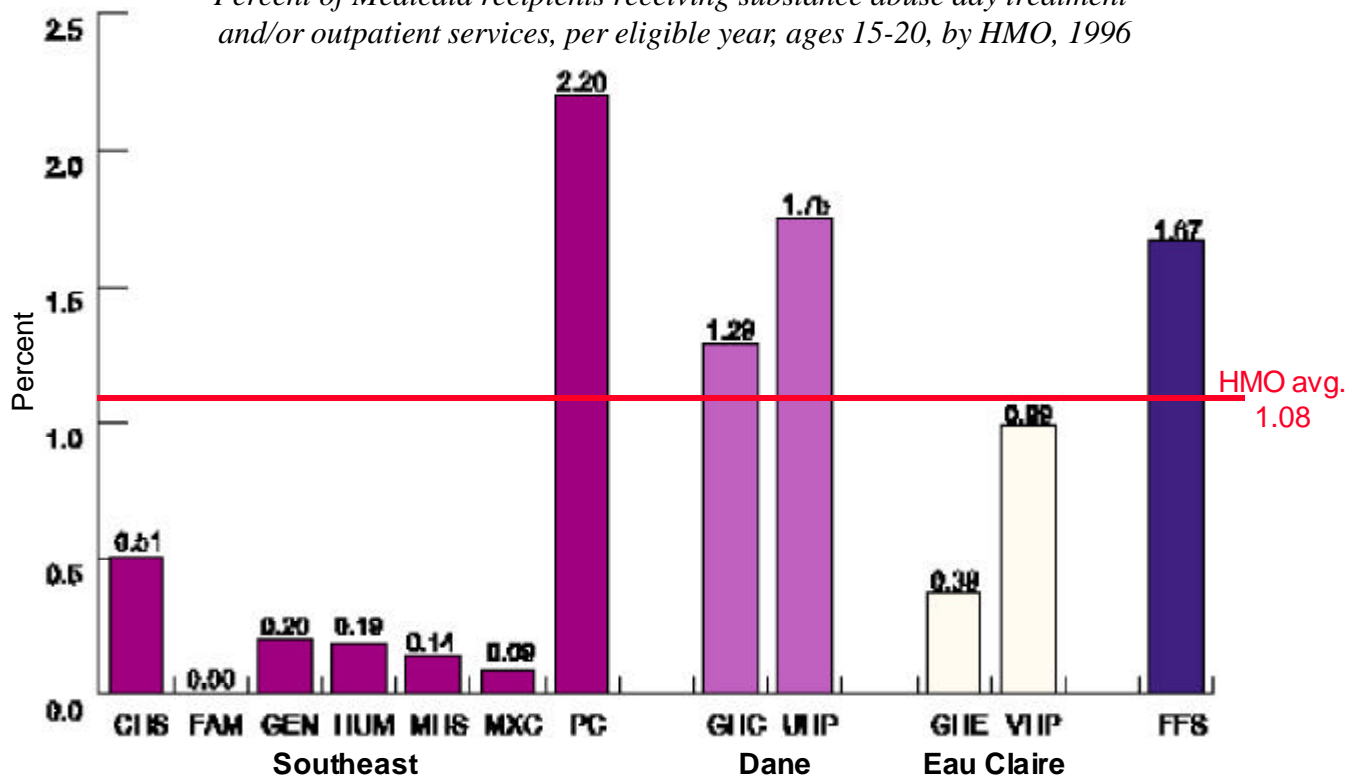
**Graph 8.6**

*Percent of Medicaid recipients receiving substance abuse day treatment and/or outpatient services per eligible-year, ages 21+, by HMO, 1996*



**Graph 8.7**

*Percent of Medicaid recipients receiving substance abuse day treatment and/or outpatient services, per eligible year, ages 15-20, by HMO, 1996*



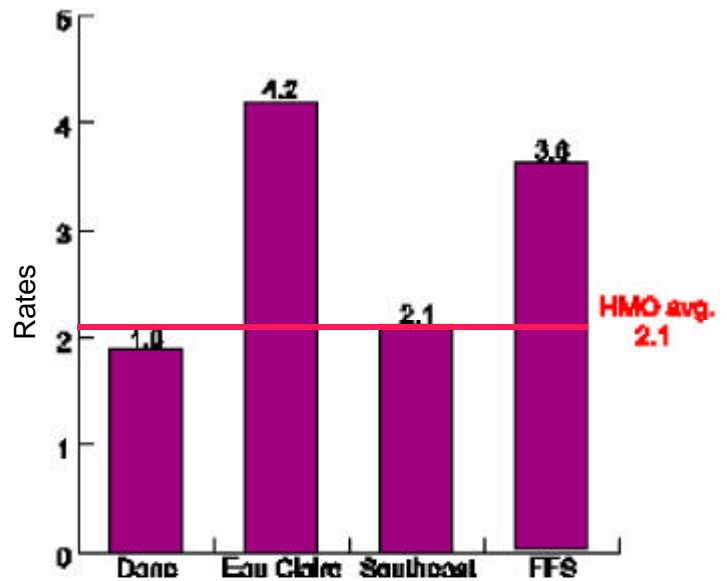
for substance abuse reasons than those in fee-for-service (see Graph 8.8, page 50).

### Endnotes

- 1 Healthy People 2000 Progress Review: Mental Health and Mental Disorders (6.4). U.S. Public Health Service, U.S. Department of Health and Human Services; 1996 June.
- 2 Psychiatric Services. 1996 May. 47(5): 546-547.
- 3 Olsson, M.; Pincus, H.A. Measuring outpatient mental health care in the United States. Health Affairs. Winter 1994; 13(5):1722-180: 172.
- 4 Ibid.: 172.
- 5 Grant, B.F.; Dawson, D.A. Alcohol and drug use, abuse and dependence among welfare recipients. American Journal of Public Health, 1996 October; 86(10): 1450-1454.
- 6 Ibid.: 1453.
- 7 Ibid.: 1453.
- 8 Patterns of substance abuse and substance-related impairment among participants in the Aid to Families with Dependent Children (AFDC) program. U.S. Department of Health and Human Services, National Institute on Drug Abuse, and Substance Abuse and Mental Health Services Administration. Washington, D.C.; 1994.
- 9 1993 Wisconsin youth risk behavior survey. Wisconsin Department of Public Instruction: 20.
- 10 Ibid.: 15.
- 11 Ibid.: 15.

**Graph 8.8**

*Substance abuse discharge rates per 1,000 eligible-years for Medicaid HMO enrollees and AFDC/Healthy Start fee-for-service recipients by area/county, 1996*



## Dental Care

Oral diseases are among the most common U.S. health problems—contributing to 14 million days of restricted activity each year.<sup>1</sup> The prevalence of dental cavities has declined in recent times principally as a result of the fluoridation of drinking water supplies.

This section presents dental utilization data reported by southeastern Wisconsin HMOs, which participate in the provision of dental care to Wisconsin Medicaid HMO recipients in Kenosha, Milwaukee, and Waukesha counties. It also presents statewide fee-for-service utilization data, obtained from Medicaid's fiscal agent. HMOs reported that 15 percent more Medicaid recipients received a *dental care visit* in 1996, compared with 1995, and 47 percent more, compared with 1993. However, the *dental exam* percentage for HMOs remain lower than for fee-for-service. Some HMOs' percentage was two to three times that of other HMOs. The percent of recipients receiving *preventive* dental care in the HMOs was virtually unchanged.

### SELECTED FINDINGS:

- The percent of Medicaid recipients in HMOs that received a dental care visit has increased from 18.6 percent in 1993 and 23.8 percent in 1995 to 27.3 percent in 1996.
- The percent of Medicaid recipients in HMOs that received a dental exam in 1996 varied by HMO from under 10 percent to almost 30 percent.

### Why is Dental Care Important?

Oral diseases are among the most common U.S. health problems, contributing to more than 14 million days of restricted activity each year.<sup>1</sup>

The prevalence of cavities has declined among young school-age children. Much of the decline in the prevalence of tooth decay is attributable to fluoridation of water systems.

Sixty-three percent of the Wisconsin population reside on water systems with optimal fluoride content. The vast majority (89 percent) of fluoride-deficient systems are in communities of less than 2000.<sup>2</sup>

Despite the decline in tooth decay, more than half of all 9-year-olds have had at least one cavity. The average adult in the U.S. has had 10 to 17 decayed, missing, or filled teeth.<sup>3</sup>

### Children At Risk for Dental Disease

Children most likely to have untreated tooth decay are minorities and have parents with less

than a high school education.<sup>4</sup> In Wisconsin, between 1990 and 1994, school-age minority children were less likely to have visited a dentist in the past year.<sup>5</sup> Eighty percent of minority children received dental care, while 91 percent of non-minorities received care.

### Dental Visits for Children

Healthy People 2000's two important goals related to preventive dental care in children are:

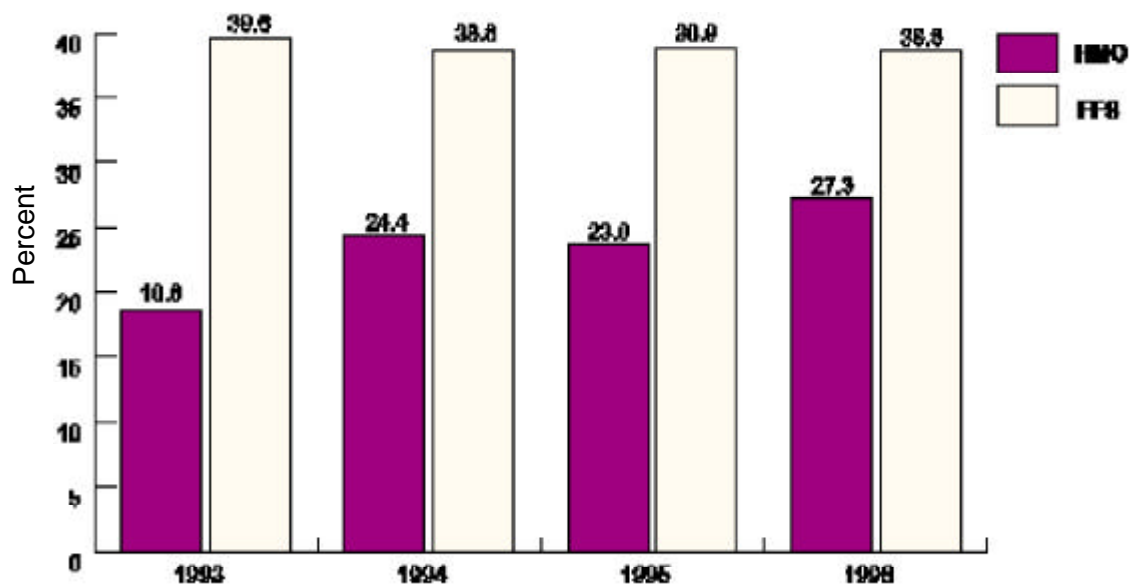
- 90 percent of all children age 5 will have visited a dentist in the past year.
- 50 percent of all children ages 8-14 will have dental sealants.

### Dental Utilization by Medicaid HMO Recipients

Only HMOs serving Medicaid recipients in the Southeast counties (Kenosha, Milwaukee, and Waukesha) cover dental services. Since 1993, HMOs have reported progressively higher rates of dental visits overall (18.6 percent in 1993 as compared to 27.3 percent in 1996). However, dental visit rates in HMOs remain lower than for fee-for-service recipients (see Graph 9.1). Also, dental exam rates for both children and adults vary considerably among HMOs covering

Graph 9.1

Percent of Medicaid recipients receiving a dental care visit per eligible-year, all ages, HMOs and fee-for-service, 1993-1996



dental benefits (see Graphs 9.2 and 9.3, next page).

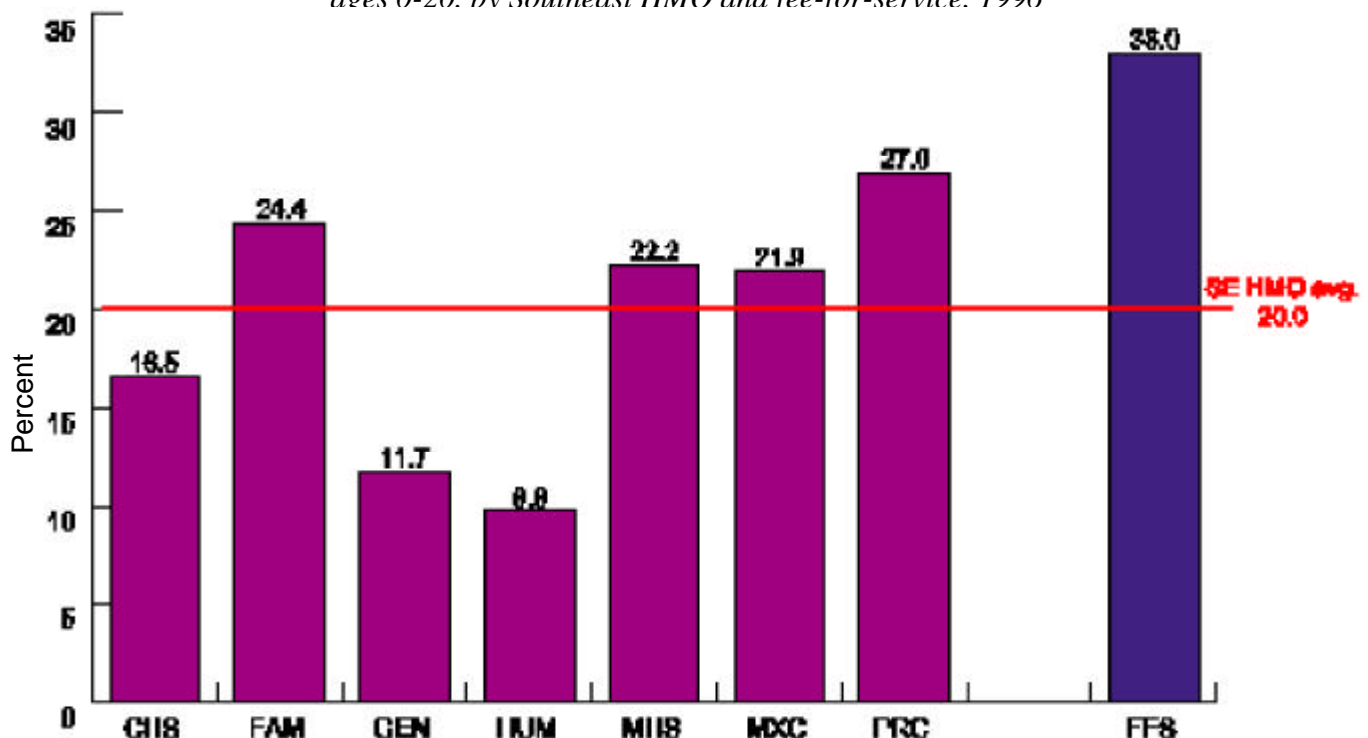
Differences in dental utilization between the Southeast counties' HMOs and fee-for-service might well reflect cultural differences between the served populations. Nationally, an estimated 63 percent of 5-year-olds have visited a dentist in the past year. It is not until the age of 7 that 90 percent of Americans have visited a dentist. For African-Americans and Hispanics, it is not until the age of 10 and 16 respectively

that 90 percent of the population has seen a dentist.<sup>6</sup> Southeast HMOs have a large proportion of these minorities.

There was virtually no change in the percent of recipients receiving preventive dental care in an eligible-year between 1995 and 1996 in Milwaukee HMOs (see Graph 9.4). While there was a reduction of just over 3 percent in fee-for-service, this change was not statistically significant.

**Graph 9.2**

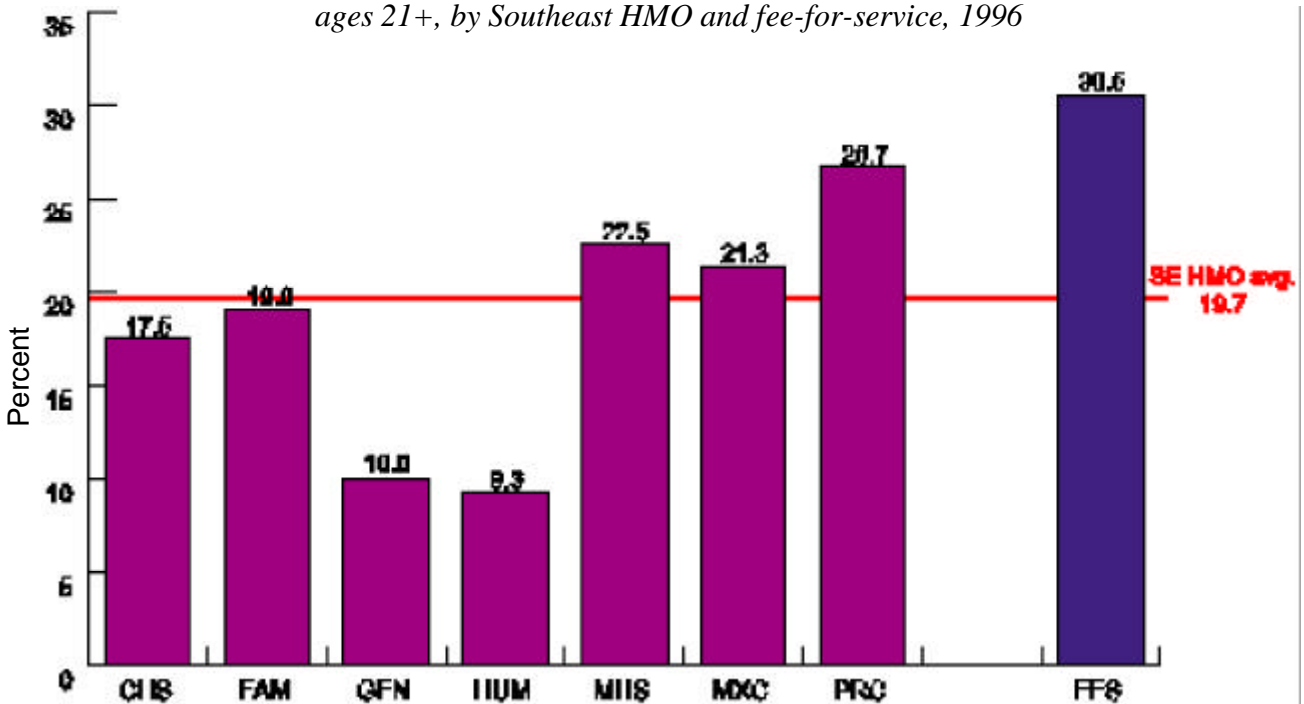
*Percent of recipients receiving a dental exam in an eligible-year, ages 0-20, by Southeast HMO and fee-for-service, 1996*



Note: Only HMOs in the Southeast region participate in dental care.

**Graph 9.3**

*Percent of recipients receiving a dental exam in an eligible-year, ages 21+, by Southeast HMO and fee-for-service, 1996*



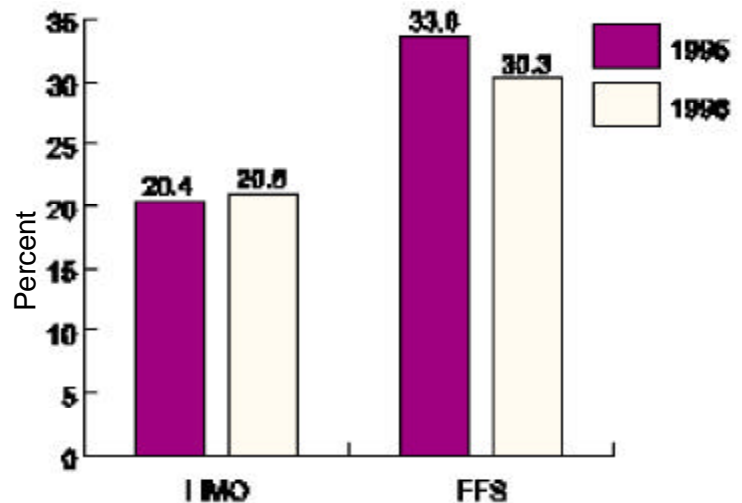
Note: Only HMOs in the Southeast region participate in dental care.

**Endnotes**

- 1 Healthy People 2000: National Health Promotional and Disease Prevention Objectives. 1990, September: 348-349.
- 2 Wisconsin Public Water Supply Fluoridation Census. 1996.
- 3 U.S. Preventive Services Task Force. Guide to preventive services. Williams and Wilkins; 1990: 351.
- 4 Healthy People 2000 Progress Report for Oral Health. Public Health Service, U.S. Department of Health and Human Services: 1. (Latest available online data as of fall 1997.)
- 5 Children's health in Wisconsin: statewide estimates. Center for Health Statistics, Wisconsin Department of Health and Family Services; 1996 November: 21-22.
- 6 Healthy People 2000 Progress Report for Oral Health. Public Health Service, U.S. Department of Health and Human Services: 2. (Latest available online data as of fall 1997.)

**Graph 9.4**

*Percent of recipients receiving preventive dental care in an eligible-year, ages 0-20, Milwaukee County and fee-for-service, 1995-1996*



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# Glossary

## A

**AFDC** (see *Aid to Families with Dependent Children*)

**Aid to Families with Dependent Children (AFDC):** AFDC recipients are low-income dependent children, their caretaker relatives, and certain other individuals residing in the household; they receive a cash welfare payment because they have little or no income. Medicaid is also available for some additional persons meeting or deemed to be meeting AFDC requirements, but not actually receiving a cash payment. These persons are designated as categorically needy (that is, they fall into one of the categories of persons that Medicaid must cover); they are entitled to the full range of Medicaid services offered in Wisconsin.

**AODA:** Alcohol and Other Drug Abuse

## B

**BHCF** (see *Bureau of Health Care Financing*)

**Bureau of Health Care Financing (BHCF):** Under the Wisconsin Department of Health and Family Services, Division of Health, the Bureau of Health Care Financing is the administrator of Wisconsin Medicaid, under statutory provisions, administrative rules, and the State's Medical Assistance (MA) plan. The state's MA plan is a comprehensive description of the state's MA program that provides the Health Care Financing Administration (HCFA) and the U.S. Department of Health and Human Services (DHHS), assurances that the program is administered in conformity with federal law and HCFA policy.

## C

**Capitation Payments:** Wisconsin Medicaid pays contracted HMOs a specific monthly rate (a capitation payment) for each Medicaid enrollee in the HMO.

**Centers for Disease Control and Prevention (CDC):** An agency of the U.S. Department of Health and Human Services, this organization promotes the health and quality of life by providing a system of health surveillance to monitor and prevent outbreak of diseases; maintaining national health statistics; providing immunization services; guarding against international disease transmission; and supporting research on disease and injury prevention.

**CPT** (see *Current Procedural Terminology*)

**Current Procedural Terminology (CPT):** CPT is an acronym for a systematic listing and coding of medical procedures and services performed by health care providers published by the American Medical Association. Each procedure or service is identified with a five-digit code. The use of CPT codes simplifies the reporting of services, by accurately identifying the procedure or service rendered by the physician.

## D

**Department of Health and Family Services (DHFS):** The Wisconsin Department of Health and Family Services' primary mission is to promote successful solutions to health- and social service-related issues that foster healthy, self-reliant individuals and families in the state.

**Department of Health and Human Services (DHHS):** The United States government's principal agency for protecting the health of all Americans and providing essential human services, especially for those who are least able to help themselves. The DHHS includes more than 300 programs, covering a wide spectrum of activities, including medical and social science research; preventing outbreak of infectious disease; assuring food and drug safety; overseeing Medicare and Medicaid; and providing financial assistance for low-income families.

**DHFS** (see *Department of Health and Family Services*)

**DHHS** (see *Department of Health and Human Services*)

**Division of Health (DOH):** The Wisconsin Division of Health, under the Department of Health and Family Services, is responsible for providing public health services, environmental and public health regulation, as well as maintaining vital statistics and for performing disability determinations. The division manages the state's single largest program for people - Medicaid.

**DOH (see Division of Health)**

## E

**Early and Periodic Screening, Diagnostic and Treatment Services (HealthCheck):** This service, referred to as "HealthCheck" in Wisconsin, provides federally-mandated comprehensive screenings to Medicaid recipients under the age of 21. HealthCheck screening examinations are distinguished from other preventive health services covered under Medicaid because they include the following:

- A comprehensive health and developmental history (including assessment of both physical and mental health development),
- A comprehensive physical exam,
- Appropriate immunizations according to age and health history,
- Laboratory tests (including appropriate blood lead screening and testing),
- Health education (including anticipatory guidance), and
- Hearing, vision, and dental screens.

**EDS:** Wisconsin Medicaid's fiscal agent, Electronic Data Systems.

**Eligible (see Recipient):** An individual eligible to participate in the Medicaid program, either in an HMO or on a fee-for-service basis.

**Eligible Years:** The number of eligible years adjusts for the number of months of eligibility that the population experiences and is calculated as follows:

$$\# \text{ of Eligible Years} = (\# \text{ of Eligible Months in 1996}) / 12,$$

where the number of eligible months is based on the total number of months of eligibility for the HMO or fee-for-service population.

**Eligibles:** Population data on the number of eligibles for selected age-sex groups for the HMO and

statewide fee-for-service populations are extracted from the fiscal agent's recipient eligibility file. Eligibility segments for each recipient are tracked and the total number of eligibles and number of eligible months and years are calculated for each demographic group. These data become the denominator for rates and percentages.

**EPSDT (see Early and Periodic Screening, Diagnostic and Treatment Services)**

## F

**Federal Waiver:** Federal law permits the Secretary of the U.S. Department of Health and Human Services to waive certain requirements of the law to permit states to develop innovative methods of delivering or paying for Medicaid services. In Wisconsin, waivers have been approved to enable the state to deliver services to certain Medicaid populations through health maintenance organizations, primary provider and targeted managed care systems, and to provide home- and community-based services as an alternative to institutional care.

**Fee-for-Service (FFS) Reimbursement:** The traditional health care payment system, under which physicians and other providers receive a payment that does not exceed their billed charge for each unit of service provided.

**FFS (see Fee-for-Service)**

## H

**HCFA (see Health Care Financing Administration)**

**HCFA Common Procedural Coding System (HCPCS):** A listing of services, procedures, and supplies offered by physicians and other providers. HCPCS includes CPT (Current Procedural Terminology) codes, national alphanumeric codes, and local alphanumeric codes. The national codes are developed by HCFA in order to supplement CPT codes.

**HCPCS (see HCFA Common Procedural Coding System)**

**Health Care Financing Administration (HCFA):** Under the U.S. Department of Health and Human Services, HCFA administers Medicare, Medicaid, related quality assurance programs, and other programs. It also makes certain that its beneficiaries are aware of the services for which they are eligible, that services are accessible, and that they are provided in an effective manner. The HCFA ensures that its policies and actions promote efficiency and quality within the total health care delivery system.

**Health Maintenance Organization (HMO):** An entity that provides, offers, or arranges for coverage of designated health services needed by health plan members for a fixed, prepaid premium (capitation rate). Health maintenance organizations have three main characteristics:

1. An enrolled population.
2. Provision of a comprehensive range of medical services.
3. Prepayment of a fixed fee for the services.

In Wisconsin, all HMOs must qualify as insurance companies under HMO law.

**Health Plan Employer Data Information Set:** A set of performance measures to assist employers and other health care purchasers in understanding the value of health care purchases and evaluating health plan performance.

**HealthCheck (see EPSDT)**

**Healthy People 2000:** A document published by the U.S. Department of Health and Human Services that contains a national strategy for significantly improving the health of the nation over the coming decade and addresses the major chronic illnesses, injuries, and infectious diseases. The document contains a set of measurable targets to be achieved by the year 2000. This is a national initiative to focus existing knowledge, resources, and commitment to capitalize on our opportunities to prevent premature death and needless disease and disability.

**Healthy Start (HS):** Wisconsin's Healthy Start Program is the common name for Medicaid coverage of mandatory and optional poverty-related pregnant women and children.

**HEDIS (see Health Plan Employer Data Information Set)**

**HMO (see Health Maintenance Organization)**

**HS (see Healthy Start)**

## I

**Indicator:** As referred to in this report, an indicator represents a disease, procedure, or health event characterized by its composition of ICD-9, HCPCS, or CPT-4 codes.

**International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM):** ICD-9-CM is a statistical classification system that arranges diseases and injuries into groups according to established criteria. Most ICD-9-CM codes are numeric and consist of three, four, or five numbers and a description. The ICD-9 is designed for the classification of morbidity and mortality information for statistical purposes, for the indexing of medical records by disease and operations, and for data storage and retrieval. The codes are revised approximately every 10 years by the World Health Organization and annual updates are published by HCFA.

## M

**Managed Care Organization (MCO):** An organization that has the potential to influence utilization and cost of services and measures performance with the goal to deliver value by giving people access to quality, cost-effective health care.

**MCO (see Managed Care Organization)**

**Medicaid:** The Wisconsin Medicaid, or Medical Assistance (MA), Program operated by the Wisconsin Department of Health and Family Services under Title XIX of the Federal Social Security Act, Ch. 49, Wisconsin Statutes, and related state and federal rules and regulations. Title XIX, enacted in 1965, established an entitlement program that pays for medical services provided to eligible low-income persons. This program is jointly financed with state and federal funds and administered by states within federal guidelines pertaining to eligibility, types and ranges of services, payment levels for services, and administrative operating procedures. The program supports the costs of providing acute and long-term care to certain groups of persons, including persons who are aged, blind, disabled, members of families with dependent children, and certain other pregnant women and children who meet specified financial and nonfinancial criteria.

**Medical Assistance (see Medicaid)**

## P

**Poverty Level:** The Federal Poverty Level (FPL), based on income levels and family size, is the measurement used to provide Medical Assistance to certain groups of pregnant women and children.

**Primary Care Physician (Primary Provider (PP, PCP)):** A physician the majority of whose practice is devoted to internal medicine, family/general practice, or pediatrics. An obstetrician/gynecologist may be considered a primary care physician.

## W

## Q

**Quality Assurance:** A formal set of activities to review and affect the quality of services provided. Quality assurance includes quality assessment and corrective actions to remedy any deficiencies identified in the quality of direct patient, administrative, and support services.

**Quality Improvement:** A continuous process that advises problems in health care delivery, tests solutions to those problems, and constantly monitors the solutions for improvement.

## R

**Recipient:** Any individual entitled to benefits under Title XIX of the Social Security Act, and under the Medical Assistance State Plan, as defined in Chapter 49, Wisconsin Statutes.

## S

**Special Supplemental Food Program for Women, Infants, and Children (WIC):** The Supplemental Food Program for Women, Infants, and Children (WIC) provides nutritional counseling and supplementary food for pregnant women, infants, and young children at risk for poor health outcomes related to nutritional deficiencies.

**Statistical Significance Testing:** Using statistical tests to determine how likely it is that observed characteristics of samples have occurred by chance alone in the populations from which the samples are selected. If the observed characteristics in the samples are unlikely to be due to chance alone, the characteristics are deemed statistically significant. For example, a statistical significance test might be performed to determine whether the difference between the percent of eligibles receiving pap tests within a particular HMO versus within All HMOs combined is statistically significant.

## T

**Title XIX:** See Medicaid.

**Weighted Average (or Mean):** A procedure for combining the mean of two or more groups of different sizes; it takes the sizes of the groups into account when computing the overall or grand mean. For example, the All HMO average was weighted to reflect Medicaid population size which varies greatly among HMOs.

**WIC (see Special Supplemental Food Program for Women, Infants, and Children)**